

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>A.H.</i>	<i>72197</i>	<i>4/14/92</i>
O.I.P.E. CLASSIFIER	<i>21113</i>	<i>110076</i>	<i>4/14/92</i>
FORMALITY REVIEW			<i>6-13-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	3	19
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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# INDEX OF CLAIMS

Claim		Date			
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	19 3				
	03 03				
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BEST AVAILABLE COPY

Claim		Date			
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